

Table 14.2. TMD Clinician Self-Assessment for Adherence to RCT Study Protocols

University of Washington - Department of Oral Medicine Clinical Examination & RDC for TMD Database

Name:	#:	Date:
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TREATMENT & MANAGEMENT PLAN: **1 =New 2 = Continue 3 = Modify Rvt: Avt:**

Physical Medicine, Physiotherapy, Muscle and Jaw Relaxation:

- | | |
|--------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> | Keep jaws relaxed, teeth separated, lips apart & <u>check frequently</u> to assure the muscles are relaxed. |
| <input type="checkbox"/> | Reduce parafunctional jaw habits. Don't bite fingernails or cheeks, or hold pencils or other items in mouth. |
| <input type="checkbox"/> | Soft diet <input type="checkbox"/> avoid crunchy foods <input type="checkbox"/> avoid chewy foods <input type="checkbox"/> cut food up <input type="checkbox"/> small bites <input type="checkbox"/> avoid opening wide |
| <input type="checkbox"/> | Don't stretch jaw muscles by moving jaw side to side. Don't posture jaw forward or to the side. |
| <input type="checkbox"/> | Relax jaw muscles by placing tip of tongue behind lower front teeth. Let tongue go completely relaxed (check often). |
| <input type="checkbox"/> | Open as wide as possible <u>without pain</u> . Hold ____ sec., close halfway & rest for 5 sec. (____ repetitions, ____ times/day). |
| <input type="checkbox"/> | Apply <input type="checkbox"/> <u>cold pack</u> or <input type="checkbox"/> <u>heat pack (moist heat preferred)</u> to areas of pain. (____ minutes ____ times/day). |
| <input type="checkbox"/> | Keep shoulders down and relaxed - check often to see if shoulder muscles are relaxed. |
| <input type="checkbox"/> | Stretch neck muscles by tipping head down slowly until chin touches chest (repeat ____ times). Keep shoulders down. |
| <input type="checkbox"/> | With chin to chest, tip head side to side & hold for 15 seconds. (____ repetitions , ____ times /day). |
| <input type="checkbox"/> | Apply <input type="checkbox"/> cold or <input type="checkbox"/> heat pack to back of neck and skull for 10-15 min. (____ times/day). |
| <input type="checkbox"/> | Breathe deeply from abdomen, hold 3 seconds, exhale, let shoulders & jaw sag (____ repetitions, ____ times/day). |

General and Behavioral Management:

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|--------------------------|-----------------------------------------------------|--------------------------|----------------------------------------------------|
| <input type="checkbox"/> | Identify stressors and make a plan to manage them. | <input type="checkbox"/> | Exercise 30 min., 5 times/wk., walking or aerobic. |
| <input type="checkbox"/> | Obtain and read a book on stress management. | <input type="checkbox"/> | Avoid caffeine to enhance relaxation. |
| <input type="checkbox"/> | Improve sleep pattern & amount of sleep. | <input type="checkbox"/> | Relaxation |
| <input type="checkbox"/> | Massage the areas of pain daily by hand or machine. | <input type="checkbox"/> | Practice expressive writing. |
| | | <input type="checkbox"/> | Develop a pain management personal plan. |

Medications and dosages:

- | | | | |
|--------------------------|----------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | NSAIDS: _____ | <input type="checkbox"/> | Anti.Depress: _____ |
| <input type="checkbox"/> | Narcotic #1: _____ | <input type="checkbox"/> | Sedative: _____ |
| <input type="checkbox"/> | Narcotic #2: _____ | <input type="checkbox"/> | Other #1: _____ |
| <input type="checkbox"/> | Mus. Relaxant: _____ | <input type="checkbox"/> | Other #2: _____ |
| <input type="checkbox"/> | Anxiolytic: _____ | <input type="checkbox"/> | Change other medication: _____ |

Special Procedures:

- | | | | |
|--------------------------|-------------------------------------|--------------------------|--------------------------------|
| <input type="checkbox"/> | Active jaw opening exercises: _____ | <input type="checkbox"/> | Trigger point injection: _____ |
| <input type="checkbox"/> | Spray and stretch: _____ | <input type="checkbox"/> | Nerve block: _____ |
| <input type="checkbox"/> | Joint manipulation: _____ | <input type="checkbox"/> | Joint inject: _____ |
| <input type="checkbox"/> | Spot occlusal adjustment: _____ | <input type="checkbox"/> | Other: _____ |

Splints and Appliances:

- | | | |
|---------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Splint pre-authorization | <input type="checkbox"/> Splint impression | <input type="checkbox"/> Provide soft splint blank |
| <input type="checkbox"/> Seat hard splint | <input type="checkbox"/> Seat soft splint | <input type="checkbox"/> Use splint ____ hrs. while awake, ____ hrs. at night |
| <input type="checkbox"/> Adjust existing splint | <input type="checkbox"/> Fabricate special appliance | <input type="checkbox"/> Other: _____ |

Signature: _____